



City of Rochester
Building Safety Department
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www.rochestermn.gov

DEMOLITION Permit Application

Office Use Only

(3/05)

App. No. _____

Date _____ Tenant/Building Name _____

Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: ☐ Owner ☐ Contractor ☐ Other (describe) _____

Owner	Name _____ Phone (____) _____ Last First MI Address _____ City _____ State _____ Zip Code _____
Contractor	Company _____ Phone (____) _____ Name _____ Roch. Contr. No. _____ Last First MI Address _____ City _____ State _____ Zip Code _____
Type of Structure	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Garage
Permit Type	<input type="checkbox"/> R645 (1-family dwelling) <input type="checkbox"/> R647 (3 & 4-unit building) <input type="checkbox"/> R649 (all other structures) <input type="checkbox"/> R646 (2-family dwelling) <input type="checkbox"/> R648 (5+ units building)
Other Information	Description of Work _____ Number of dwelling units _____ Total Valuation of Work \$ _____ NOTE: A zoning fee of \$40 and permit fee based on valuation will be collected.

I hereby apply for a building permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions.

Applicant's Signature

Date

DEPARTMENT REVIEWS: [These must be signed off before Zoning and Building Safety sign off.]

RPU Electric Division Comments _____

Signature _____ Date _____

RPU Water Division Comments _____

Signature _____ Date _____

Rochester Public Works Comments _____

Signature _____ Date _____

Aquila (gas company) Comments _____

Signature _____ Date _____

Well & Septic (Planning Dept) Comments _____

Signature _____ Date _____

NOTE: There may be a separate charge for well & septic inspection.
This fee is collected at the Rochester-Olmsted Planning Department.

ZONING REVIEW COMMENTS

<input type="checkbox"/> Site Plan	Zoning District _____	Flood Protection Required _____
<input type="checkbox"/> Surveyor's Certificate	Flood District _____	Flood Protection Elev. _____

Comments: _____

Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: _____ Date: _____

Comments: _____

Permit Approved by: _____ Date: _____